

CHECKLIST

OWNER

Name: _____
Address: _____ Postal code: _____
City: _____
Phone: _____ Mobile phone: _____
E-mail: _____

VETERINARIAN

Name: _____
Practice: _____
Address: _____ Postal code: _____
City: _____
Phone: _____ Mobile phone: _____
E-mail: _____

HORSE

Name: _____
Sex: mare gelding stallion
Age: _____
Breed: _____
Laminitis since: _____

First time laminitis, or a new episode of laminitis after the horse was sound without pain relief for at least 14 days: yes/no

Diagnosed by: veterinarian hoof care provider last/other hoof care provider
 owner other: _____

State of the hooves:

Stance *(for example laminitic stance, all four feet close together)*:

Movement:

Obel: 1 2 3 4

Neck size: _____

Weight: _____

Method: weigh bridge Carrol & Huntington weight tape

Overweight: yes/no

CNS: 0 1 2 3 4

Bcs: 1 2 3 4 5 6

Underlying diseases:

PPID

EMS

reduced renal and/or liver function

vitamin- and/or mineral deficiency

Lyme disease/piroplasmosis

hyperlipidaemia

other: _____

HISTORY OF THE HORSE

With owner since: _____

Has had laminitis before: yes/no

If yes, when: _____

Cured: yes/no

Hereditary (*for example breed, bloodline*): yes/no

Stress factors:

COMPLICATIONS

Abscesses: LF RF LH RH

Specify (for example *RF coronary band medial*):

Hospitalization necessary: yes/no

Receives treatment: yes/no

Sole perforation: LF RF LH RH

Hospitalization necessary: yes/no

Receives treatment: yes/no

Coronary band prolapse: LF RF LH RH

Hospitalization necessary: yes/no

Receives treatment: yes/no

White line disease: LF RF LH RH

Receives treatment: yes/no

Frog infection: LF RF LH RH

Receives treatment: yes/no

Sepsis: LF RF LH RH

Hospitalization necessary: yes/no

Receives treatment: yes/no

DIAGNOSIS

Add pictures, veterinary reports and research results if possible.

Cause:

Diagnosed by: veterinarian hoof care provider last/other hoof care provider
 owner other: _____

Description physical examination (*knocking on the hoof wall, hoof testers, walking on a circle or lunging*):

Medical imaging:

- thermography
- radiography
- venography

Short description of the outcome:

Blood tests:

- insulin
- leptin
- glucose (tolerance)
- ACTH
- cortisol

Has PPID and/or EMS/insulin resistance been determined: yes/no

Differential diagnosis:

- sole bruise(s)
- arthritis
- trimming and/or shoeing errors
- other: _____

TREATMENT, PREVENTION

Description treatment:

CHECKLIST

Medication:

- antibiotic drugs
- analgesic and anti-inflammatory drugs (*NSAIDs: fenybutazon, flunixin, ketoprofen, suxibuzone, firocoxib, fentanyl*)
- nerve blocking drugs
- antihypertensive drugs
- anticoagulant drugs (*heparin, aspirin*)
- vasodilator drugs (*pentoxifylline, acepromazine*)
- antidiabetic drugs (*metformin, pioglitazon*)
- antihistamine drugs
- anti-oxidants (*DMSO, DMG, MSM*)
- botox
- other: _____

Preventive remedies:

- paraffin or vegetable oils
- intestinal cleansing (*activated carbon, Fuller's earth, Hippo-ex-laminitis*)
- probiotics
- buffer solution (*sodium bicarbonate, Equishure*)
- other: _____

Supplements:

- minerals and vitamins
 - magnesium, chromium, vanadium
 - manganese
 - selenium
 - vitamin E
- fatty acids
 - omega-3
 - arginine
- hoof growth promoters
 - methionine
 - sulphur
 - zinc
 - biotin

Phytotherapeutic remedies:

- IR related (*cinnamon, fenugreek, blond psyllium, turmeric*)
- analgesic, anti-inflammatory (*for example No-Bute*)
- other: _____

Hormones:

- thyroid hormones (*for example levothyroxine*)
- dopamine-agonists, serotonin-antagonists (*pergolide, permax, periactin, celance, bromocriptine*)

(Complementary) therapies:

- cold therapy
- acupuncture, acupressure, shiatsu
- massage
- essential oils: _____
- phytotherapy: _____

Surgery:

- tenotomy, desmotomy
- hoof wall-/coronary band resection
- other: _____

Hoof protection:

- none (barefoot)
 - shoes pulled
- when: _____

short description transition:

- emergency insoles
 - hoof boots
- brand/type: _____
- since: _____

how often, what effect:

- fixation
- (since) when:
- sole protection applied

CHECKLIST

Trimming *(short description of trimming method):*

Soil, grass and forage analysis *(outcome and advice):*

Nutrition management *(for example only (soaked) hay and salt lick):*

Changes in living circumstances:

- horse has a companion *(for example other horse, goat, sheep)*
- grazing restrictions
 - horse removed from pasture
 - grazing muzzle
 - strip grazing, pasture rotation, limited pasture access
 - other: _____
- paddock paradise
- other: _____

COMMUNICATION AGREEMENTS

When, how and by whom progress will be evaluated (*for example every two weeks, by e-mail, veterinarian in cc*):

Who is allowed to publish pictures and/or information on social media:

OTHER REMARKS

This checklist can be downloaded from www.understandinglaminitis.com/checklist.pdf